

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (MI)

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fire Department Affiliation: \_\_\_\_\_

Fire Department Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Test date requested: \_\_\_\_\_ Location: \_\_\_\_\_ ☐ Initial \*☐ Retest

**NOTICE:** The driving skills in NFPA 1002, 2003 edition, are used to determine participant's competency to become certified by Idaho Emergency Services Training at the level of Driver/Operator – Pumper. The passing of these skills does not qualify a participant for any other certification or licensure, such as a Commercial Drivers License (CDL) and is not intended to certify, verify, or approve an individual's ability to drive fire apparatus on public ways. The responsibility to determine who will drive fire apparatus resides with the local fire department or the authority having jurisdiction.

I certify that the applicant has successfully completed an approved course for Driver/Operator and has satisfactorily demonstrated the knowledge and skills in the required competencies for Driver/Operator - Pumper NFPA 1002, *Standard on Fire Apparatus Driver/Operator Professional Qualifications*, 2003 edition. All equipment furnished for skill testing will be compliant with applicable NFPA Standards.

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**\*RETEST FEE:** There is a \$50 retest fee for each test taken after the initial tests.  
(Check this section if the candidate is requesting a retest)

I agree to the department being billed by the local technical college for the retest fees that apply to candidates retesting from my department. *(The department is responsible to collect the retest fees from the candidates.)*

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification. I grant Emergency Services Training or its authorized representatives permission to review my department files, college/academic records, and other related training documentation.

☐ Yes ☐ No I authorize the release of certification exam results to the Fire Chief or their designee of my organization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Testing Accommodation:** If you need testing accommodations for written and/or manipulative skills exams, please check the box. You will need to provide a written request with this application specifying the reason(s) for the request. A doctor's or fire chief's statement attesting to the need for testing accommodation is required.